

## **Hello Latin America & Canada!**

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- Updated Spring 2002 Conference Action Items
- International SOS Changing Long Distance Carriers!
- NMOP Mail For Retirees
- From the Office of the Region 15 Medical Director . . .

### **TRICARE Region 15 Spring 2002 Conference**

See changes to the attached Conference Action Items and Information Tasker Lists.

7 – NMOP Packages at APO Post Offices (see note below)

### **International SOS Has A New Long Distance Procedure**

International SOS has changed their Long Distance Carrier. Attached is the list of new access codes for Sprint by country. This new list will be included in each of the new welcome packages mailed out. The TLAC Support Office needs everyone to get a copy of these new access codes in the hands of all the Prime households in your area! If you have any difficulty in reaching the Call Center via the toll free line, contact them via the call collect number or their 24/7 email address at [phlopsmed@internationalsos.com](mailto:phlopsmed@internationalsos.com).

### **NMOP Medication Packages**

At our 2002 Spring POC Conference in Miami we heard many instance where retirees were denied use of their National Mail Order Pharmacy benefit because the weight of the package exceeded the maximum for APO/FPO services.

The response to our letter of request to waive weight limitation was that Merck Medco (the NMOP contractor) is required to mail out packages of medication(s) only weighing less than 16 ounces.

If anyone has knowledge of retirees whose NMOP packages are being returned due to weight, please let us know so we can pursue the issue with Merck Medco. We will need to know the retiree's name, address, and the approximate date they would have received the package.

#### ***From the office of the Medical Director:***

We continue to experience difficulty in receiving medical documentation from patients we send TDY to CONUS for healthcare. The medical documentation surrounding the TDY is required for continuity of care, to plan any required follow-on healthcare and determine where that healthcare should be rendered. Follow-on healthcare that can be provided within the host country requires coordination with ISOS. In order to plan future CONUS follow-on appointments, we need advanced knowledge in order to secure timely appointments with MTFs who are not under our control. For all these reasons, we are implementing a mechanism that will help us collect and receive the medical documentation we need.

The following outlines our requirements:

- ⇒ The patient must call the Case Manager (Elsie Terrell) prior to TDY departure
- ⇒ A faxed copy of the signed Release of Medical Information Form to the TLAC office prior to TDY departure
- ⇒ The patient is required to ensure that the clinic/provider fax a copy of the medical documentation to the TLAC office prior to return

\*\* The fund cite for Medical TDY orders will be held until a copy of the Release of Medical Information Form is received at the TLAC office and the patient speaks with the Case Manager (Elsie Terrell at 706.787.8008).

We appreciate your help and cooperation in making this happen. *Semper Paratus*

***COL Luke M. Stapleton, USA /s/***

WPS Customer Service Phone Numbers for TRICARE Overseas are 608.301.2310 and 608.301.2311

## Physical Therapy and Other Therapies

Physical therapy is used increasingly for educational value. The physical therapist can teach appropriate strengthening exercises, stretching, and alterations to posture, which can enhance rehabilitation programs as well as recovery from extremity injuries and surgery. The physical therapy program should be defined with a specific plan for specific services. Prescriptions to “evaluate and treat” should be unacceptable because they have often led to unnecessary modalities and procedures. The physical therapy program should take into account the diagnosis, functional status, treatment goals, and precautions and should consist of a relatively small number of visits over a broad period of time. This will permit the physical therapist to use discretion in refining the program and providing education for self-care at home.

Physical therapy to provide gait training to a patient who is being rehabilitated from surgery, a stroke, or an injury should be prescribed with a minimal number of visits over a prolonged period of time. This will permit physical therapists to transition patients from non-weight bearing; to partial weight bearing; to full weight bearing as function improves. One to three visits at each transition point are usually sufficient to achieve these ends.

Physical or occupational therapy to improve motion in a stiff joint may require a single visit every one to two weeks for time periods up to 12 weeks. The patient should be on a home-stretching program once to twice daily between visits.

Occupational therapy should be prescribed consistent with the above guidelines in instances in which the occupational therapist functions to rehabilitate the upper extremities and the physical therapist is confining professional attention to the exoskeleton and lower extremes.

Physical therapy for the direct treatment of pain or discomfort is not indicated. The patient or family member at home can effectively apply modalities such as packs and cold packs with minimal instruction, which can be provided in any clinical setting but should require no more than one therapy visit.

Manipulation of the spine may be useful after acute injuries for four to five visits over two to three weeks provided that each visit produces significant symptomatic improvement. Prolonged manipulation, maintenance manipulation, and prophylactic manipulation are not recommended.

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## Food borne Illness

Food borne illness results from eating food contaminated with bacteria (or their toxins) or other pathogens such as parasites or viruses. The illnesses range from upset stomach to more serious symptoms, including diarrhea, fever, vomiting, abdominal cramps, and dehydration. Although most food borne infections are undiagnosed and unreported, the Centers for Disease Control and Prevention estimates that every year about 76 million people in the United States become ill from pathogens in food. Of these, up to 5,000 die.

To prevent harmful bacteria from growing in food, always Refrigerate foods promptly. If you let prepared food stand at room temperature for more than 2 hours, it may not be safe to eat. Set your refrigerator at 40°F or lower and your freezer at 0°F.

Cook food to the appropriate temperature (145°F for roasts, steaks, and chops of beef, veal, and lamb; 160°F for pork, ground veal, and ground beef; 165°F for ground poultry; and 180°F for whole poultry). **Use a thermometer to be sure!** Foods are properly cooked only when they are heated long enough and at a high enough temperature to kill the harmful bacteria that cause illness.

Prevent cross-contamination. Bacteria can spread from one food product to another throughout the kitchen and can get onto cutting boards, knives, sponges, and countertops. So keep raw meat, poultry, seafood, and their juices away from other foods that are ready to eat.

Handle food properly. Always wash your hands before touching food and after using the bathroom, changing diapers, or handling pets, as well as after handling raw meat, poultry, fish, shellfish, or eggs. Clean surfaces well before preparing food on them.

- Keep cold food cold and hot food hot.
- Maintain hot cooked food at 140°F or higher.
- Reheat cooked food to at least 165°F.
- Refrigerate or freeze perishables, prepared food, and leftovers within 2 hours.
- Never defrost food on the kitchen counter. Use the refrigerator, cold running water, or the microwave oven.
- Never let food marinate at room temperature; refrigerate it.
- Divide large amounts of leftovers into small, shallow containers for quick cooling in the refrigerator.
- Remove the stuffing immediately from poultry and other meats and refrigerate it in a separate container.
- Do not pack the refrigerator. Cool air must circulate to keep food safe.